



**BELOW MARKET RATE (BMR) RENTAL PROGRAM
INFORMATION SHEET FOR 2003-2004
INTEREST LIST**

I. APPLICATION PROCESS:

WHO IS ELIGIBLE?

1. Income eligible Morgan Hill residents (see Table 1 below); and
2. Households in which a member is employed in Morgan Hill.

TABLE I

Santa Clara County - Income Limits Effective March 21, 2003								
# of Persons	1	2	3	4	5	6	7	8
Very Low	\$36,950	\$42,200	\$47,500	\$52,750	\$56,950	\$61,200	\$65,400	\$69,650
Lower	\$57,450	\$65,650	\$73,850	\$82,100	\$88,650	\$95,200	\$101,800	\$108,350

PRIORITIES:

1. Morgan Hill residents;
2. Households of which a member is employed in Morgan Hill.

BMR RENTAL INTEREST LIST:

To be added to the City's Interest List, complete the City of Morgan Hill's application, sign it and return it to the address below. Your name will be added to the list in the order in which it's received. You will receive a letter acknowledging receipt of your application and your number on the Interest List. This number **WILL NOT CHANGE**. **As the Waiting List opens up, names will be taken in order from the Interest List, at which time you will then have to complete a more detailed application and provide us with COPIES of the necessary documents.**

City of Morgan Hill
Business Assistance and Housing Services Department
17555 Peak Avenue
Morgan Hill, CA 95037-4128

BMR RENTS FOR 2003:

TABLE II

BELOW MARKET RATE (BMR) RENTAL PRICE Effective March 1, 2002		
No. of Bedrooms	Very Low	Lower
1 Bedroom	\$730 - \$989	\$900 - \$1,187
2 Bedrooms	\$895 - \$1,187	\$1,018 - \$1,425
3 Bedrooms	\$1,029 - \$1,371	\$1,463 - \$1,645
4 Bedrooms	\$1,155 - \$1,530	1,727 - \$1,836

Note: The BMR monthly rental prices listed in Table II above **include utilities**. If no or partial utilities are paid by the owner, the current Schedule for Utility Allowances as published by HUD will be used to determine the adjusted rent level.

The rent charged to households holding a Section 8 Voucher shall be as established by the Housing Authority of Santa Clara County and may differ from the then current FMR (Fair Market Rate) and/or BMR (Below Market Rate). Owner/manager will receive no more and, certainly, no less than the rent amount determined by the Housing Authority. **Tenants holding a Section 8 Voucher are prohibited from paying more than the pay standard as determined by the Housing Authority of Santa Clara County.**

ALLOWABLE FAMILY SIZE:

1 Bedroom = 1 - 3 Persons	3 Bedroom = 3 - 7 Persons
2 Bedroom = 2 - 5 Persons	4 Bedroom = 4 - 9 Persons

II. INTEREST LIST:

Applicants who do not respond to our telephone calls or letters within the requested time will be automatically dropped from the Waiting and/or Interest List.

IV. PROGRAM DISQUALIFICATION:

Providing false or misleading information will be just cause for ineligibility to participate in the BMR Rental Program.

Tables I and II are subject to change annually after receipt of the State-issued income limits.

SUBJECT TO CHANGE WITH 10-DAY NOTICE.



Business Assistance and Housing Services
(408) 776-7373

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**For office use only
CHECKLIST**

____ Application (no blank lines)

____ Section 8 Voucher (if applicable)

Time: _____

Rental Program INTEREST LIST Application

Household Name(s): _____

Current Address: _____
Street/Apt. #/City/State/Zip Code

Home Phone: (____) _____ Work/Message Phone: (____) _____

Household Size: Adults _____ Children _____ Total Family Size: _____

Number of bedrooms needed: _____ Section 8 Voucher? Yes _____ No _____ (If yes, attach copy of Voucher)

Please report the total **GROSS MONTHLY** income for all adult household members:

Adult Name(s): _____

Wages/SSI/AFDC: \$ _____ \$ _____ \$ _____

Retirement/Interest: \$ _____ \$ _____ \$ _____

Alimony/Child Support: \$ _____ \$ _____ \$ _____

Monthly Total(s): \$ _____ \$ _____ \$ _____

(Use separate sheet for listing of additional adult household members. An adult is any non-student household member at or above 18 years of age.)

TOTAL HOUSEHOLD MONTHLY INCOME: \$ _____

I/we hereby certify, under penalty of perjury, that the information provided herewith is true and correct.

By: _____
(Signature of Tenant)

Date: _____

By: _____
(Signature of Co-Tenant)

Date: _____

(To Be Completed By City Staff)

Comments: _____

Staff Signature: _____

Approved by: _____

Date: _____

ID# _____ PRIORITY: _____

INCOME (circle): **LOW** **VERY LOW**

ROOMS (circle): **1, 2, 3, 4**

SECTION 8: Yes _____ No _____ Voucher attached